,	BEST AVAILABLE COPY Application or Docket Number											
*	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 0 9 9 38 2 76								6			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAT				
T	OTAL CLAIMS	.	20				RATE		FEE	7	RATE	FEE
FC	OR		NUMBER	IBER FILED NUM		BER EXTRA		BASIC FE	€ 355.00	OR	BASIC FEE	710.00
Τ	TAL CHARGE	ABLE CLAIMS	20 mi	7.0 minus 20=		8		X\$ 9=		OR	X\$18=	
INE	DEPENDENT C	LAIMS	minus 3 =		Y		X40≖	1	1	Váa.		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					405	+	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2						l	+135=	h-	OR	+270=		
								TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 20	Minus	. 9	0	=	, [X\$ 9=		OR	X\$18=	
AME	Independent	• 3	Minus	***	7	سع	t	X40=	† —	OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		ł		 			
		,					L	+135=		OR	+270=	
							A	DOIT. FEE		OR _.	ADDIT, FEE	
	-	(Column 1) CLAIMS		(Colun		(Column 3)	_					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ᅙ	Total	. 20	Minus	.20	<u> </u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	••• 3	CLANA		T	X40=		OR	X80=	
		. CONTROL MIC	CHIPCE DEP	CROCKI	CLARK			+135=		OR	+270=	
							AC	YOYAL DOIT. FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)	· ·	(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	. 20	Minus	ہجر	Q.	• /	ſ	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	<u> 7</u>		~_		X40=		•	X80=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		H			OR		
. 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						Ľ	+135 =		OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY

(Column 2)

NUMBER EXTRA

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

TOTAL CLAIMS

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

(Column 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

(Column 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

INDEPENDENT CLAIMS

Total

AMENDMENT

Total

Independent

independent

FOR

n998776

Effective October 1, 2000

CLAIMS AS FILED - PART I

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

Minus

Minus

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

NUMBER FILED

minus 20=

minus 3 =

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR 10

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

		0 1	1 -	0 01	0		
mn 2)	SMALL EI	OR	OTHER THAN SMALL ENTITY				
	RATE	FEE	1	RATE	FEE		
ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00		
8	X\$ 9=		OR	X\$18=	_		
Y	X40=		OR	X80=			
	+135=		OR	+270=			
olumn 2	TOTAL	355	OR	TOTAL			
(Column 3)	SMALL I		OR	OTHER THAN R SMALL ENTITY			
PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
= 0	X\$ 9=		OR	X\$18=			
= ()	X40=		OR	X80=			
	+135=		OR	. +270=			
•	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE			
(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•				
PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
=	X\$ 9=		OR	X\$18=			
<u> -</u>	X40=		OR	X80=			
	+135=		OR	+270=			
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
(Column 3)							
PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
=	X\$ 9=		OR	X\$18=			
=	X40=		00	X80=			

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Ş Q	Total		Minus	•*	=			
ME	Independent	•	Minus	***	=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+270=

ADDIT. FEE

TOTAL

+135=

ADDIT. FEE

TOTAL

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."